AREA PRESCRIBING COMMITTEE – Birmingham, Sandwell, Solihull and environs

Decision Making Support Tool

The following document supports the committee to consider formulary applications against defined criteria.

Formulary application reference:	APCBSSE/00014
Drug name and formulations:	Tapentadol MR tablets (Palexia®SR)

Criteria	***Example***	**Committee Consensus**
Patient Safety	*Potential for abuse, toxicity, significant drug interactions*	High potential for abuse, toxicity and significant drug interactions, as with all opiates. No serotonin reuptake inhibition so less chance of serotonin syndrome with concomitant SSRIs than with tramadol. Tapentadol inhibits NA reuptake, as does amitriptyline.
Clinical effectiveness	*Established licensed product*	Uncertain effectiveness, small number of patients seem to benefit (only 11 patients recruited in 3 months, 50% drop-out)
Strength of evidence		Limited evidence only tried against oxycodone.
Cost effectiveness or resource impact	*£*	Equivalent to oxycodone MR (if used in line with SMC restrictions, however branded generic version of oxycodone MR is cheaper) but more costly than other oral opiate analgesics and fentanyl patches
Place of therapy relative to available treatments	*1/2nd tier*	Last – 4th line
National guidance and priorities	*NICE, MTRAC*	Accepted by SMC with restrictions (severe chronic pain, not responsive to morphine, with close monitoring)
Local health priorities	*CCG views*	Despite original concerns about increased use, prescribing trend has remained fairly flat in BCC CCG, considering it was approved at UHBFT 12 months ago.
Equity of access	*Equality assessment*	N/A
Stakeholder views	*Define wider groups to be engaged*	N/A
Implementation requirements	*Requires, RICAD ESCA etc.*	ESCA was submitted as part of the application; on the assumption it would be accepted as AMBER.

Decision Summary

Resubmission is recommended to complete the information to enable a decision:	
Not approved and rationale:	
Formulary status (RAG) and rationale	RED RAG rating with the understanding that individual Trusts can chose not to put it on their formulary. Rationale: concerns about escalating use in primary care, awareness of complexity of this group of patients and need for close monitoring. An application may be made for review in light of additional experience but the APC wouldn't expect to see this within 12 months.
Implementation requirements:	N/A
Implementation monitoring:	